

Q&A Session for AAP: Diagnosis Coding and the Importance of Getting It Right

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<p>Is there EMR logic built into any of the major systems that automatically add the "code first" codes?</p>	<p>That would be a great question for your EMR vendor and a great request if it lacks that. ICD-10-CM logic should be built into EMR systems if they claim they can do your ICD-10-CM coding.</p>
<p>Where would we find "code first" or "use additional code", how do we sort this out in daily practice?</p>	<p>It is in the book or any official ICD-10-CM code set. The AAP's manual has those listed as well. https://shop.aap.org/pediatric-icd-10-cm-2022-7th-edition-paperback/</p>
<p>How would you code a visit of a patient that is in for a well child check, but also has an acute infection and a chronic condition?</p>	<p>You would code the Z00.121 for the preventive medicine service and if the chronic condition and/or acute condition has to be addressed separately you could add on an office-based E/M service (eg, 99213) with modifier 25 and list the conditions addressed during the encounter for your ICD-10-CM codes. The order of ICD codes will depend on the issues and any coding rules.</p>
<p>If you see a child for URI only and examine the child for any OM or Bronchiolitis etc.. what is the correct level of code? 99212 OR 3?</p>	<p>We typically do not address code levels based on a diagnosis. It is important to know more including personal history, co-morbidities and any social determinants of health. Note that a mild URI on a healthy child with little to no treatment will probably reach a level 2 for risk and problems. But again, that is a generic answer based on a generic example.</p>
<p>If we are screening for maternal depression -then how do we code?</p>	<p>Screening for maternal depression that is reported under the baby will fall under the well child ICD-10-CM code Z00.12- The baby is not really being screened for anything, so there is not a perfect ICD code for this.</p>
<p>If you are billing for attendance at a delivery, should you only list a P code (say for breech) and not Z38.01 for the C-section?</p>	<p>Yes report the Z38.01 with the P code as secondary if the baby is born during your encounter.</p>
<p>For infant with anomalies or early in resp distress, workup/eval in progress - are unspecified codes acceptable for daily proceedings or birth hospital dc?</p>	<p>Yes - unspecified codes are always appropriate when work-ups are being done or when the physician may not know a definitive issue (eg, organism). There are instances where it is not acceptable and that is for laterality.</p>
<p>Do we continue to use Z38 throughout an entire NICU stay? We have done this and our claims get denied.☹️</p>	<p>Yes, per ICD-10-CM guidelines. If a payer denies this, please send along to the coding hotline. https://form.jotform.com/Subspecialty/aapcodinghotline</p>
<p>Is it better to code for family history of depression rather than health problems within family?</p>	<p>Family history codes are for use when a patient has a family member(s) who has had a particular disease that causes the patient to be at higher risk of also contracting the disease. If the maternal depression is current then a family history code is not appropriate. However, say they had it for a previous child but seems to have normal scores on the Edinburgh and no concerns, then yes you could use family history.</p>
<p>How about using child of depressed mom to indicate positive depression screen in mom?</p>	<p>There is not a specific code for "child of depressed mom." The closest we have is "health problems within the family" Z63.79</p>